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CONFIRMATION NO. 4614

Bib Data Sheet

SERIAL NUMBER 10/643,681	FILING OR 371(c) DATE 08/18/2003 RULE	CLASS 514	GROUP ART UNIT 1639	ATTORNEY DOCKET NO. 254/057CON
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** CONTINUING DATA ****
SN

This application is a CON of 09/576,062 05/22/2000 PAT 6,608,029 which is a CON of 08/302,069
09/07/1994 PAT 6,114,304
which is a CIP of 08/118,381 09/07/1993 ABN

** FOREIGN APPLICATIONS ****
SN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 02/06/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>SN</i>	Initials			

ADDRESS

44638

TITLE

Methods for regulating gastrointestinal motility

FILING FEE RECEIVED 609	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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